## Professional Development Committee Marriott West, Richmond Virginia January 10, 2007 10:30 am

<b>Members Present:</b>	Members Absent:	<b>OEMS Staff:</b>	Others:
Dr. James Dudley	Linda Johnson-Excused	Gary Brown	Larry W. Snyder, Jr
Nick Klimenko	Jeff Reynolds-Excused	Scott Winston	Marcia Pescitani
Donna Helmick		Michael Berg	Cookie Conrad
Dave Cullen		Warren Short	Pat Pope
Kathy Eubank		Greg Neiman	Heidi Hooker
Holly Frost		Chad Blosser	Helen Nelson
Randy Abernathy		Tim Perkins	
Billy Altman		Beth Singer	· ·

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
I. WELCOME	Meeting Called to Order at 10:35am	
II. INTRODUCTIONS	Members of the Committee, Staff,	
III. APPROVAL OF MINUTES	(Attachment A)	MOTION BY: Dave Cullen
		To accept the minutes as
		presented.
		SECONDED BY: Nick Klimenko
		VOTE: Unanimous
IV. SPECIAL NOTIFICATION	The committee members expressed their sincere condolences to Jeffrey Reynolds on the sudden	
	death of his wife at the end of December.	
V. REPORTS	A. Officer Reports-None	
	B. Committee Members Reports-None	
	C. Office of EMS-Warren Short	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	1. Division of Educational Development	
	a. Staff-	
	i. DED Secretary Position is open and the Office is attempting to fill	
	ii. ALS Training Funds Assistant-Position has closed, Interviews are	
	scheduled for January 19 <sup>th</sup> , 2007	
	iii. Test Coordinator Position-The Office is still trying to finalize the	
	position description.	
	2. Regulations	
	Updating the Training Regulations with Michael Berg for submission. Michael	
	Berg advised it is the last piece of the new regulations going towards the NOIRA	
	Process	
	D. ALS Training Specialist-Warren Short (Tom Nevetral had prior commitment)	
	1. NREMT Computer Adaptive Testing (CAT)/Computer Based Testing (CBT)	
	a. Started January 1, 2007	
	b. Working with Registry regarding NREMT-B	
	c. All Accredited Programs should be registered with the Registry	
	d. The Office had a meeting with programs in Virginia to bring them up to speed	Discussion
		Discussion
	about the process last year	
	Randy Abernathy asked if there was any move by the Registry to make Regregistration easier or	
	more electronic? Warren responded that the Registry is looking at all aspects but have focused only	
	on CBT/CAT recently.	
	on CD1/CA1 recently.	
	Holly Frost reported that she had heard the Registry was not charging to retake the written exam.	
	Nick Klimenko reported that at a meeting with the Registry last year they are planning to revamp the	
	practical once CBT/CAT is up and running. They are also exploring the possibility to allow current	
	providers to retake the test if they do not complete the CE requirements.	
	E. BLS Training Specialist-Greg Neiman	
	1. EMS Instructor Updates-Schedule for 2007 is on the web. First Update is in CSEMS on	
	January 27 <sup>th</sup> and the Second is February 10 <sup>th</sup> in PEMS.	
	2. EMS Instructor Institute-Greg has 25 people traveling to Norfolk for the Practical on	
	January 13 <sup>th</sup> . Next Institute is scheduled for February 3-7, 2007. Invitations will be	
	going out next week to those who pass the practical this weekend. The following	
	Institute is in June at Rescue College. Greg has had a poor response from those	
	people who are qualified for the practical.	
	Billy Altman asked where the Office was in providing this content via the Web. Warren responded	
	we are very far along with Train to deliver web CE. Once that is running will consider offering more	
	topics this way.	
	topics uns way.	

Topic/Subject	Discussion	Recommendations, Action/Follow-
	3. Survey of Providers-Committee members were sent e-mails to preview the Survey via the web. Originally Greg had thought about linking off of the webpage, but doing so would open it to others to go to the survey and possibly skew the data. Changes requested from the last meeting were applied and a couple of questions were added to help clarify the data. Discussion continued on how to improve data collection.  Holly Frost asked if we had considered a hard copy at the test sites to maybe increase responses. Greg responded that the ability to compile the data from written surveys may present a problem, and bubble cards would require programming.	up; Responsible Person
	4. Change in Reimbursement Rates ( <b>Attachment B</b> ) Letter dated December 1 <sup>st</sup> , 2006 regarding changes in BLS reimbursement rates. Brought the reimbursement in line with the regulations to prevent payment for Category 2 instruction. Issued a new Course Announcement Form to reflect the Changes.	
	F. Funding and Accreditation  1. ALSTF/Accreditation Update (See Attachment C)  2. BLS (See above)  3. Sim-Baby Update – The Office has given birth to 28 Newborns. The Sim-babies will be distributed to the accredited sites and include new equipment upgrades to the Simman as well.  Larry Snyder asked about the Service Contract/Responsibility for replacement/repair. Chad reported that while the Sim-man is owned by the Office, each site signs an equipment loan agreement with the Office that all items will be maintained as received, i.e. new.	
VI. REPORTS OF PILOT PROGRAMS	(Attachment D) A. Prince William County-No Classes since last report B. Roanoke Valley Regional Training Center-Jonathan Blank, 18 took the test prior to last PDC, 12 Passed Initially 3 retook Practical, 3 retook written – 5 have retested and passed, 1 still waiting to retest. Those who failed were identified early in the program as having test-taking problems. Planning another class near the end of February. C. JSRCC – Hanover County-Lt. Larry Snyder, 14 students tested Jan 4, 2007, 14 passed first time, 1	Set up Pilot Meeting/Webinar Forward e-mail from Tom Jarmon
	student has yet to test. Hanover High School program does not end until June. Have 6 students in that class.  D. TCC - Helen Nelson – TCC Counts students who do not continue but do not drop as failures. Have had to add extra practicals in order to complete all of the competencies. Have 3 classes starting this Semester. Would like to have more interaction between the programs to coordinate scenarios, competency tracking. Most did not take the state exam in December but are planning to do so in January. Most took NREMT-B so they could be eligible to start Paramedic this semester.	MOTION BY: Nick Klimenko To create an ad-hoc committee with representatives from all of the approved pilot programs, with Staff Support. Billy Altman will Chair from PDC. SECONDED BY: Randy Abernathy VOTE: Unanimous

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
VII. AD HOC COMMITTEE REPORTS	<ul> <li>A. Intermediate Curriculum Committee-No Report</li> <li>B. BLS Curriculum Committee-Met through Webinar on December 6<sup>th</sup>, 2006. Assignments were given and will be meeting next week.</li> <li>C. EMS Instructor Credentialing Committee- Meeting this month, making progress.</li> <li>D. BLS Test Committee-meeting in two weeks, making progress.</li> <li>E. BLS Evaluator Committee-meeting in two weeks, making progress.</li> </ul>	
VIII. PREVIOUS AGENDA ITEMS	None	
IX. AGENDA ITEMS	A. EMS Council Study – Gary Brown, Director OEMS discussed the purpose behind the study and the scope. One of the issues the company will be studying is identifying the advantages and disadvantages of State OEMS Field Offices vs the current Regional Council system. The Office has no position on that subject. The Office believes the study needs to be thorough, objective, and fair and whatever the results, whatever the research shows, whatever the recommendations that may come forward, they will be looked at in consultation with the EMS Advisory Board to determine what the best thing to do will be., but the Office has no position on that question. (See Attachment E)  Tim Perkins discussed the handout and the study. Not everyone will be asked to provide input or an opinion but some will, but those that are should be as honest and forthright with the investigators as you can. Expect results by May 1, 2007, which is somewhat optimistic, but the process has already started.  Holly Frost asked if individuals can request to be contacted and Tim and Gary responded that they could. The Office has provided the Study Group with dates and locations of large group meetings coming up in the next few months so they can meet and interact with as many providers as possible. Everyone is encouraged to get involved.	Discussion
X. PUBLIC COMMENT	None	
OTHER DISCUSSION	Warren Short discussed the status of Online CE. The Office is still waiting for VITA to allocate a server. A suggestion was made to invite Dr. Kaplowitz to the next PDC meeting to discuss IT issues facing the Office of EMS.	
XI. MEETING DATES	The next meeting is April 11, 2007	
XII. ADJOURNMENT	Adjournment 12:10PM	

### Professional Development Committee Wednesday, January 10, 2007 The Place at Innsbrook 10:30 AM Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from October 11, 2006
- IV. Special Notification-Chad Blosser, OEMS
- V. Reports of Committee Members
  - a. Officer Reports
  - b. Reports of Committee Members
  - c. Office of EMS
    - i. Division of Educational Development-Warren Short, OEMS
      - 1. Staff
      - 2. Regulatory Updates
    - ii. ALS Training Specialist-Warren Short, OEMS
      - 1. NREMT Computer Testing
    - iii. BLS Training Specialist-Greg Neiman, OEMS
      - 1. EMS Instructor Updates
      - 2. EMS Instructor Institute
      - 3. Survey of Providers
    - iv. Funding and Accreditation-Chad Blosser, OEMS
      - ALSTF
      - 2. BLS
      - 3. Accreditation Update
      - 4. Sim-baby Update
- VI. Reports of Pilot Programs
  - a. Competency Based EMT-B Program Pilot
    - i. Prince William County- Lt. Thomas Jarman
    - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
    - iii. JSRCC-Hanover County- B. Chief Wayne Woo
    - iv. TCC-Lorna Ramsey
- VII. Ad Hoc Committee Reports
  - a. Intermediate Curriculum Review-Tom Nevetral
  - b. BLS Curriculum Review Linda Johnson-Chair
  - c. EMS Instructor Credentialing Nick Kleminko-Chair
  - d. BLS Certification Test Committee-Jeff Reynolds-Chair
  - e. BLS Certification Evaluators Committee-Linda Johnson-Chair
- VIII. Previous Agenda Items
  - a. Survey of Providers at Test Sites-Greg Neiman-OEMS
- IX. Agenda Items
  - a. EMS Council Study-Gary Brown, Director, OEMS
- X. Public Comment
- XI. Dates for 2007 Meetings
  - a. January 10, 2007
  - b. April 11, 2007
  - c. July 11, 2007
  - d. October 10, 2007
- XII. Adjourn

# 1-10-07 PDC MINUTES ATTACHMENT A MINUTES FROM 10-11-06 PDC MEETING

# Professional Development Committee The Place in Innsbrook - Richmond, Virginia October 11, 2006 10:30am

<b>Members Present:</b>	<b>Members Absent:</b>	Staff:	Others:
Dr. Dudley (Chairman)	Kathy Eubank	Warren Short	Marcia Pescitani
Randy Abernathy		Tom Nevetral	Bobby Baker
Linda Johnson		Greg Neiman	Michael F. Biamonte
Billy Altman		Chad Blosser	Heidi Hooker
Holly Frost		Scott Winston	<b>Matt Dix</b>
Nick Klimenko		Michael Berg	Troy Allen
Jeffrey Reynolds			Ed Snyder
Dave Cullen			Thomas Jarmon
Donna Helmick			Jon Blank
			Bill Phillips
			Dr. Dana Love

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
I. Welcome	Meeting called to order at: 10:32	
II. Introductions	Members of the committee introduced themselves	
III. Approval of Minutes	Minutes from the July 12, 2006 meeting were reviewed	MOTION by: Billy Altman, to accept the minutes as presented SECONDED by: Linda Johnson  VOTE: Unanimous
IV. Reports of Committee Members	o Officer Penerto No report	
	a. Officer Reports-No report b. Reports of Committee Members-None	

Topic/Subject	Discussion	Recommendations, Action/Follow-
	OCC CENTS	up; Responsible Person
	c. Office of EMS  i. DED-Warren  a. Welcome Chad back  b. New positions have been approved by Commissioner  i. Certification Test Examiner  ii. ALSTF Financial Assistant  c. Regulatory Update-Division of Educational Development proposed regulations have been submitted and awaiting approval by the AG Office. The Proposed Regulations approved by the AG's Office will be presented at the next Advisory Board as a courtesy for their review.  i. Michael D. Berg-Pubic Comment Period open until November 18 for Proposed Regulations on Regional Councils and Financial Assistance to EMS Agencies-FARC	
	ii. ALS-Tom  a. NREMT Computer Based Testing(CBT)-no new info from NREMT. A webinar is scheduled in November with Accredited sites to discuss the implications of CBT with them. Still waiting for the DVD to be distributed, but NREMT is encouraging sites to register online now. Nick Klimenko advised he received invite from Registry to go out and write new questions, review current questions and validate prior to the rollout. The Office will leave it up to the programs to decide whether to do written or practical first.	
	iii. BLS-Greg  a. EMS Instructor Updates  i. For the first time at the VAVRS Convention on September 30. This update was scheduled at the urging of the Instructors in the TEMS Region because the one held during Symposium prevents them from taking classes. We had around 15 Instructors attend. We will have the Update at Symposium this year on November 11 <sup>th</sup> . We have scheduled an update at the VAVRS Convention for next year and will decide the fate of the Symposium Update for 2007 after the 2006 Symposium.  ii. The next Update is scheduled for Saturday, October 14 in Loudoun County.  iii. Dates for 2007 Updates have been sent to the Regional Councils. No negative response has been received so we will move forward with them. Next year will be a heavy year with an update in every Council Region iv. We are continuing to pursue Web-based Updates.  b. Instructor Institutes:  i. The Office held a mini-institute for Fire Instructors and other qualified candidates on October 5 & 6. It was held at the Virginia Department of Fire Programs HQ in Glen Allen. 15 Candidates completed the administrative portion and became certified as EMT Instructors.	

Topic/Subject	Discussion	Recommendations, Action/Follow-
1 3		up; Responsible Person
	ii. The next Instructor Institute is scheduled for October 14-18 in Loudoun	
	County. 22 candidates and 2 Fire Instructors are scheduled to attend.	
	c. Survey of Testing Candidates	
	i. After the last PDC meeting, Committee members were to send comments on	
	the Survey to Greg. A copy of the survey with comments received was	
	distributed to the Committee. Discussion began on the survey and comments.	MOTION by: Nick Klimenko to
		accept the survey with proposed
		changes.
		angern
		SECOND by: Randy Abernathy
		VOTE: Unanimous
	in Funding & Association Chad	VOTE: Unanimous
	iv. Funding & Accreditation-Chad a. ALSTF-Reports to be distributed by e-mail	
	b. Accreditation Update	
	i. 8-9 I Accredited Sites	
	ii. 3 out with Site teams	
	c. OEMS/VDFP Bookstore Survey	
	i. Complete and distributed	
	ii. Had a good response and data has been distributed internally	
	d. BLS-Warren-Not much has changed, there is a new contract person in the VDH,	
	changing now would create problems- The Office is exploring new avenues for BLS	
	Reimbursement Funding.	
V. Reports of Pilot Programs		
	a. SVCC Video Streaming Pilot	
	i. Ricky Lyles' e-mail report was distributed. (See Attached)	
	ii. Committee requested more data before formally adopting the process	
	b. Competency Based	
4	i. Prince William County-Lt. Thomas Jarmon (Report Attached)	
	a. 100% Pass Rate on State Test	
	b. Strengths	
	i. End result-Competent Entry Level EMT	
	ii. Skills Training is enhanced by this program	
	iii. Vital signs- Students do better taking them	
	c. Weaknesses	
	i. Initial documentation – have improved this already	
	ii. # of certain Competencies – need to review if the numbers are appropriate	
	d. Important to use all of the time allotted to class, don't get out early, maximize learning time	
	ii. Roanoke Valley Regional FTC- Bobby Baker/John Blank (Report Attached)	
	ii. Roanoke vaney Regional FTC- Doddy Bakei/John Blank (Report Attached)	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	a. Stayed in same timeframes of our previous recruit schools	
	b. Overall it was successful	
	c. Concerns at the beginning about ensuring non-EMT Instructors teach the	
	curriculum	
	d. Students tested October 8 <sup>th</sup> – no results yet	
	e. 18 Started, 18 Finished	
	f. 136 Hours	
	g. 22 Instructors/ 13 were EMT-B Instructors	
	h. Course Averages matched previous recruit schools	
	i. Students received competency book at beginning of class, gave them information	
	up front	
	j. Disadvantages	
	i. Documentation of competencies	
	k. Consider increasing lab time like Prince William Program	
	iii. TCC-Helen Nelson-(Report Attached)	
	a. Course has not ended	
	b. Information from other programs has been helpful	
	c. Have written some scenarios and highlighted what competencies are covered in	
	each one	
	d. Personally approves all instructors that teach Didactic	
	iv. JSRCC-Hanover	
	a. Hanover High School-ends in June	
	b. Night program-ends in December	
	c. Have always been competency based, just never documented it	
	d. Program is excellent, we are doing a coordinated program in many locations	
	d. Need to evaluate our instructors	
	i. Students evaluate instructors nightly	
	ii. Instructors should start teaching practicals first, then progress in	
	responsibility	
	e. Courses have gone over 120 hours	
	f. Advantages	
	i. Documentation	
	ii. Making instructors do what they are supposed to	
	v. JSRCC-Henrico Fire	
	a. Have not started yet	
	b. Cost to the college is an issue	
	·	
Break for Lunch 12:08-12:40pm		
-1		
	•	•

Topic/Subject	Discussion	Recommendations, Action/Follow- up; Responsible Person
VI. Ad-hoc Committees	a. ALSTF-PRN Committee – No Report	up, Kesponsible i erson
VIVIA NOC COMMITTEES	m 112611 114 Committee 116 146port	
	b. Tom Nevetral advised the committee that the Intermediate Curriculum Peer Review Committee	
	met for he second time and discussed several issues:	
	<ul> <li>Presently the Intermediate Curriculum is established at 204 hours for didactic and lab. Of the</li> </ul>	
	programs represented only one advised that they conduct their program at 204 hours. The	
	average is 292 hours for didactic and lab.	
	<ul> <li>Discussion continuing on identifying specific numbers for lab skills rather than utilizing an hour requirement.</li> </ul>	
	<ul> <li>Currently there is a policy that allows prior experience be allowed for one year from the start</li> </ul>	
	of the program be increased to two years from the start of the program.	
	<ul> <li>Discussion to allow the competency requirement for ventilating the non breathing / non</li> </ul>	
	intubated patient is met by utilizing one of the MDC approved airway manikins.	
	Once the committee has completed their recommendations they will be presented to the Medical	
	Direction Committee for review.	
	c. BLS Curriculum Review Committee – October 14, 2006	
	i. Items Discussed in the first meeting included:	
	a. Programs should teach to the Curriculum and consider holding Regional Protocol	
	Programs after certification	
	b. Updates to the First Responder Curriculum	
	i. Adding a Backboarding Module	
	<ul><li>c. Update to the EMT-B Curriculum</li><li>i. Add instruction on Pulse Ox, Glucometer</li></ul>	
	ii. Delete MAST from curriculum	
	iii. Add a module on WMD	
	iv. Consider adding the NIMS course	
	ii. Committee members are looking at the Curriculum, Med Schedule, Procedure Schedule and	
	making suggestions	
	iii. Shaun Carpenter is establishing a website the group can submit their comments to.	
	iv. Next Meeting: WEBINAR December 6, 2006	
	d. Instructor Credentialing – September 21, 2006	
	i. Items discussed at the first meeting included:	
	<ul><li>a. What are the perceptions around the Commonwealth regarding Instructor Credentials?</li><li>b. Some of the issues include:</li></ul>	
	i. Identifying groups of customers	
	1. Agencies that need Initial Certification Training	
	2. Agencies that need CE	
	3. Agencies that need Training for Preceptors	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	4. Accredited Organizations	
	ii. May need 3 levels of Instructors	
	1. Didactic Instructor	
	2. Lab Instructor	
	3. Preceptors	
	ii. Homework for the Committee Members	
	a. Look at the prerequisites	
	b. What material is out there for Instructors?	
	c. What is the process in identifying qualified individuals?	
	d. Does this need to be state certification – EMS Coordinator	
	iii. Do we have a consensus; Four Different Needs - Four different levels	
	iv. Next Meeting November 1 <sup>st</sup> , 2006 at 10:30am	
	e. BLS Cert Test Committee – September 19, 2006	
	a. The Committee discussed areas of strength and weakness	
	a. Do we keep AED or incorporate into the Medical Station?	
	b. Should the Practical be Scenario based? or Skills Based?	
	c. There was concern about the amount of perceived subjectivity	
	b. Homework for Committee members	
	a. Placed a survey out to providers in the Commonwealth	
	1. rank choices of a practical exam in order of preference	
	b. OEMS to report current pass rates on practical exams	
	c. Research what other 49 states and DC are doing for Practical Testing - Survey	
	d. Current scenarios have errors that are causing problems in testing – sub-committee should address	
	Annual An	
	c. Next meeting November 15, 2006 at the Hilton Garden Inn – Richmond  f. BLS Evaluator Committee – October 14, 2006	
	f. BLS Evaluator Committee – October 14, 2006  a. Issues discussed at the first meeting included	
	a. We have an evaluator training program but it is not standardized	
	we have an evaluator training program but it is not standardized     update program and standardize	
	b. Should we require novice evaluators to work with seasoned evaluators?	
	c. After testing, Examiners should provide feedback to evaluators on results that are	
	overturned, create a learning process for evaluators.	
	d. There are problems obtaining good evaluators	
	e. Should we revamp checksheet to match the individual scenarios instead of having a	
	generic sheet?	
	f. Consider establishing core set of evaluators to travel around the state doing testing	
	g. The Committee expressed concerns over the value of the practical. Is it worth the	
	cost?	
	h. We should consider a process of recertification/retraining of evaluators; annually?	
	i. Initial training should include more visual and scenario tools	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	j. What credentials should we require of evaluators?	
	k. Test examiners & OEMS Reps should be involved in training	
	1. Concerns about inappropriate touching in testing – considerations in choosing	
	volunteers to be patients	
	m. We need to fix errors in current scenarios	
	n. Locate classes we can videotape practical testing to use for teaching evaluators	
	b. Next meeting January 17, 2006 10am, Location TBA	
VII. Previous Agenda Items	None	
Y/YYY A 1 Y/		
VIII. Agenda Items		
	a. Request from Regional Council Executive Group to add up to 4 Rural Programs to Pilot Study	
	i. LFEMS-Gary Dalton	
	ii. BREMS-Connie Purvis	MOTION BY: Linda Johnson
	iii. PEMS?	That we have a separate pilot
	iv. Individual Rural Instructors	program for the rural areas to
		include Instructors in LFEMS,
	The Committee discussed the proposal.	BREMS, PEMS, plus 1 additional
	The Committee discussed the proposation	Council and the courses will follow
		the previous established guidelines.
		CECOND D I AI 41
		SECOND: Randy Abernathy
		<b>VOTE:</b> Unanimous
	b. ODEMSA Pilot Request-Rick McClure (See attached)	
	i. Michael Berg-will need to submit variance to allow ALS Coordinators to announce Course	MOTION BY: Jeffrey Reynolds
	ii. Ed Snyder CH F&E will provide more data and provide a stop-gap to resolve an issue	That PDC approve the request of
		ODEMSA on the condition that
	The Committee discussed the proposal.	they work within the parameters of
	The Committee discussed the proposal.	the earlier pilot, limit the total
		number of pilots of previously
		approved program to 10 of which 2
		are specifically reserved for rural
		areas.
		MOTION WITHDRAWN without
		being seconded

Topic/Subject	Discussion	Recommendations, Action/Follow-
Topic/Subject	Discussion	
	Discussion continued on how to incorporate the ODEMSA presentation into the existing Pilot	up; Responsible Person  MOTION BY: Jeffrey Reynolds To amend the previous motion establishing the rural pilot program to include ODEMSA and make the total of up to 10 courses - 2 of the courses must be done in very rural areas. The length will be 2 and a half years SECOND: Linda Johnson  Hand Vote For: 7 Against: 1
		MOTION PASSES
	c. BLS (AED) Practical Concerns-Linda Johnson i. Information has been received that the American Red Cross ARC will come out with a new program which will deviate from AHA Guidelines	MOTION BY: Linda Johnson To suspend the BLS(AED) practical for up to one year until guidelines can be clarified
	The Committee discussed the motion.	SECOND: Jeffrey Reynolds
		QUESTION WAS CALLED by: Nick Klimenko  VOTE to end debate: Aye: 0 Nay: Unanimous MOTION TO END DEBATE FAILS  Debate Continues  Vote: 7 Nay: 1 MOTION PASSES
	A joint notification from Regulation and Compliance and Training will be issued to advise when the AED Suspension will go into effect.	

Topic/Subject	Discussion	Recommendations, Action/Follow-
		up; Responsible Person
	d. PDC Member-at-Large	
	i. Linda Johnson was contacted about the possibility of filling an At-Large Position on the	
	Committee. The At-Large positions are filled only if the Committee does not have an	
	EMT-Instructor, ALS Coordinator, or EMS Physician represented. All three of those are	
	represented on the current Committee so there is no need to fill the second At-Large	
	Position on the Committee	
IX. PUBLIC COMMENT	Ed Snyder expressed thanks for approving the proposal from ODEMSA.	
X. DATES FOR 2007	Next meeting January 10, 2007 Location TBA	
Adjournment	Adjourned at 1445	



### Professional Development Committee Wednesday, October 11, 2006 The Place at Innsbrook 10:30 AM Agenda

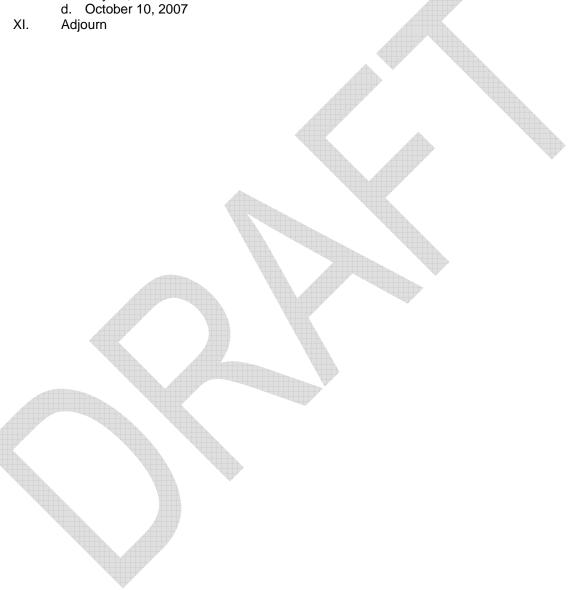
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    - ii. ALS Training Specialist-Tom
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    - iii. JSRCC-Hanover County- B. Chief Wayne Woo
    - iv. JSRCC-Henrico Fire- Asst. Chief Rick McClure
    - v. TCC-Lorna Ramsey
- VI. Ad Hoc Committee Reports
  - a. ALS Training Funds Advisory Committee-Chad Blosser
  - b. Intermediate Curriculum Review-Tom Nevetral
  - c. BLS Curriculum Review Linda Johnson-Chair
  - d. EMS Instructor Credentialing Nick Kleminko-Chair
  - e. BLS Certification Test Committee-Jeff Reynolds-Chair
  - f. BLS Certification Evaluators Committee-Linda Johnson-Chair

(over)

- VII. Previous Agenda Items
  - a. Survey of Providers at Test Sites
- VIII. Agenda Items
  - a. Request from Regional Council Executive Group
  - b. ODEMSA Pilot Request

  - c. BLS (AED) Practical Concerns-Linda Johnsond. PDC Member-at-Large Position-Linda Johnson
- IX. **Public Comment**
- Dates for 2007 Meetings a. January 10, 2007 b. April 11, 2007 X.

  - c. July 11, 2007



# 1-10-07 PDC MINUTES ATTACHMENT B BLS REIMBURSEMENT RATE SCHEDULE



# COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H State Health Commissioner

Department of Health Office of Emergency Medical Services

Gary R. Brown Director

December 1, 2006

109 Governor Street Suite UB-55 Richmond, VA 23219 1-800-523-6019 (VA only) 804-864-7600

FAX: 804-864-7580

P. Scott Winston

Assistant Director

TO:

All Virginia EMT-Instructors / Regional EMS Councils

FROM: Gregory S. Neiman, BLS Training Specialist

SUBJECT:

Clarification of BLS Reimbursement Rate Schedule and

**Revision of the Course Announcement Form** 

Recently the Office of EMS conducted a review of the EMT-Instructor reimbursement rates for BLS training programs.

According to the current regulation, 12 VAC 5-31-1560.

A. The BLS course coordinator for approved first responder and emergency medical technician certification courses and Category 1 "Required" CE programs is eligible to request reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs.

EMT-B and First Responder (FR) "refresher" programs are currently being conducted as 24 hours of Category 1 CE REQUIRED TOPICS (9 for FR) and 12 Hours of Category 2 (9 for FR).

The Office will no longer accept "Refresher" Course announcements and will only reimburse for the Category 1 CE REQUIRED TOPICS that are taught for each BLS level. 24 hours for EMT-B and 9 hours for FR. As a result, the new EMT-Instructor Course Reimbursement Rate table is:

EMT-Instructor Course Reimbursement Rates					
	E	BASED ON A RATE (	OF \$20.00/hoi	ır	
	EMT-BASIC	EMT-REQUIRED	FR-BASIC	FR REQUIRED	Category
COURSE:	COURSE	TOPICS	COURSE	TOPICS	1 CE
HOURS:	111	24	41	9	
STUDENTS:					
13+	\$2,220.00	\$480.00	\$820.00	\$180.00	\$20.00/hr
7-12 (60%)	\$1,335.00	\$290.00	\$495.00	\$110.00	
1-6 (45%)	\$1000.00	\$220.00	\$370.00	\$85.00	
EFFECTIVE NOVEMBER 1, 2006					



BLS Reimbursement Rate Schedule December 1, 2006 Page 2

To facilitate this change the Course Announcement Form (EMS TR-01) has been revised and Refresher Courses have been removed as a selection on the form. Please begin using the new forms immediately. New versions will be included in all Instructor Course Packets and may be completed online or downloaded from the Files and Forms Section of our website:

(http://www.vdh.virginia.gov/OEMS/Files\_page/files.asp#Instructor%20Forms)

If you have questions regarding this change, please contact me at <a href="mailto:Gregory.Neiman@vdh.virginia.gov">Gregory.Neiman@vdh.virginia.gov</a> or (804) 864-7600/(800) 523-6019 (Va. only).



Course #:

Topic:

# COURSE APPROVAL REQUEST FORM

109 Governor Street Madison Bldg., Suite UB-55 Richmond, Virginia 23219 1-800-523-6019 (VA only) 804-864-7600

☐ EMT – Basic ☐ EMT – Basic Required ☐ EMT – Basic Required ☐ *BLS CE Program ☐ *Other:	ired Topics (9 Hours) 9 hrs Cat 2 (18hr progra I Topics (24 Hours) I Topics + 12 hrs Cat 2	am) (36hr program)	EMT-Interr Paramedic  ALS Requi ALS Requi ALS CE P	ired Topics (48 l ired Topics + 24 Program	hrs Cat 2 (72 Hours)
COURSE COORDINATOR	RINFORMATION - PRI	NT			
Name:			c	CERT#:	
					ZIP:
					) -
E-MAIL ADDRESS:		,			
NAME OF ASSISTING INSTRU	CTOR AUTHORIZED TO RE	CEIVE COURSE INF	ORMATION:		
Program Location –	PDINT				
	I KINI				FOR INFORMATION STUDENTS
Facility:	CAN CALL:				
FACILITY ADDRESS: BLDG/ROOM:	( ) - (PUBLISHED ON THE WEB FOR OPEN PROGRAMS ONLY)				
CITY:	ST:	ZIP:	STA	ATE USE ONLY	FIPS
		ZIP:	STA	ATE USE ONLY	FIPS
PROGRAM INFORMATION		ZIP:	STA	ATE USE ONLY	FIPS
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PROGRAM INFORMATION MAXIMUM NUMBER OF STUD	N - DENTS:		PROGRAM LENG		(HOURS)
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PROGRAM INFORMATION MAXIMUM NUMBER OF STUD OPEN / CLOSED:	N - DENTS:		PROGRAM LENG	GTH: IRS REQUESTED:	_ (HOURS)
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PROGRAM INFORMATION  MAXIMUM NUMBER OF STUD  OPEN / CLOSED:  BEGIN DATE:  DAYS COURSE MEETS  Sunday  Monday  Tuesday  Wednesday  TIME CLASS MEETS: START TIME  CLASSROOM LOCATION:  NOTE - 1	THIS ORIGINAL FORM MI	30 DAYS ADVAI PLANNED COUR: TO INSURE D MATE	PROGRAM LENG TOTAL CE HOU END DATE:  NCE NOTICE OF SE IS REQUIRED DELIVERY OF RIALS  END TIME:  ED TO OEMS - FA	EXAM SITE REG THE LOC  REIMBURSEI  YES  NO  L AN  AXES ARE NOT A	(HOURS)  ISTRATION MUST BE CONFIRMED WITH AL REGIONAL COUNCIL OFFICE.  MENT REQUESTED?  IF REQUESTED, A SIGNED CONTRACT IS REQUIRED AND A STUDENT FEE FORM IS REQUIRED FOR BLS COURSES.  M PM  ACCEPTABLE

Approved:

Date:

## OFFICE OF EMS USE ONLY: Course #:\_\_\_\_ Topic: Subject: Reimbursement Requested:\_\_\_\_\_ Reimbursement Approved: EMS Notified Date: Office Approval: Date: **COMMONWEALTH OF VIRGINIA Contract for Basic Life Support Course Coordination** This CONTRACT entered into this \_\_\_\_\_day of \_\_\_ by hereafter called the "CONTRACTOR" and the Office of Emergency Medical Services, hereinafter called the "PURCHASING AGENCY". WITNESSETH that the Contractor and the Purchasing Agency, in consideration of promises and of the mutual covenants, consideration and agreements herein contained, agree as follows: SCOPE OF SERVICES: The Contractor shall provide the Purchasing Agency with the services required by 12VAC5 (Chapter 30 or 31 as applicable) of state regulations and Office of EMS policies for the position of EMT-Instructor/BLS Course Coordinator. The contracted course as specified in Office of EMS policy shall be conducted for the designated number of hours based upon a standard rate of \$20.00 per hour or on a prorated basis determined by course enrollment levels. The Contractor shall coordinate student scheduling and registration for Consolidated Test Sites made available by the Purchasing Agency. SELF EMPLOYMENT: The Contractor will perform as an independent contractor, is self-employed, and therefore is responsible for payment of any and all taxes to which he or she may be subject and will accrue no benefits from the State. SUPPLEMENTAL PAYMENTS OR FEES: The Contractor must disclose any supplemental payments or reimbursement received and any tuition, enrollment or institutional fees charged students for taking the course. The amount of these payments or fees may be reason for denial of reimbursement payment. SUPPLEMENTAL PAYMENT HAS BEEN ARRANGED TO BE PROVIDED BY THE: \$ IN THE TOTAL AMOUNT OF: STUDENT COURSE FEES ARE BEING CHARGED IN THE AMOUNT OF: \$ per student. DISPUTES: Disputes arising under this Contract will be governed by the provisions of Chapter 11 of the Agency Procurement and Surplus Property Manual, DGS, September 1998. (Including all revisions current at time of contract acceptance.) HOLD HARMLESS: The Contractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents and employees from any claims, damages and actions or any kind or nature, whether at law or nonperformance under this Contract. TERMINATION: This Contract may be canceled by either party by giving a thirty (30) day written notice to the other, or this Contract shall be canceled automatically in the event sufficient funds are not appropriated for the purpose of continuation of this agreement or if the Contractor is found to be in violation of state regulations governing the conduct of the contracted course. IN WITNESS THEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby. Contractor: **Purchasing Agent:** BY: \_\_\_ BY: Gregory S. Neiman SIGNED: \_\_\_\_SIGNED:

DATE:

DATE:

# 1-10-07 PDC MINUTES ATTACHMENT C ALSTF/ACCREDITATION REPORT



# **ALS Training Funds Status Report**

As of January 9, 2007

## ALS Training Fund Obligations and Expenditure Summary FY07

Training Fund Category	\$ Budgeted	\$ Obligated	\$ Disbursed	Remaining Funds
Access Profess English	<b>.</b> 440,000,00	Φ 00 500 00	Φ 04 000 00	<b>*</b>
Accreditation Funding	\$ 110,000.00	\$ 39,500.00	\$ 21,000.00	\$ 89,000.00
Basic Course Funding	\$ 454,804.00	\$ 607,950.00	\$ 296,594.17	\$ 158,209.83
Transition Program Funding	\$ 150,000.00	\$ 148,120.00	\$ 15,633.38	\$ 134,366.62
Auxiliary Program Funding Individual/Organizational Tuition	\$ 175,000.00	\$ 172,000.00	\$ 22,750.00	\$ 152,250.00
Funding	\$ 100,000.00		\$ 42,153.00	\$ 57,847.00
CE Funding by Planning District	\$ 210,196.00	\$ 141,460.00	\$ 41,884.54	\$ 168,311.46
Grand Total	\$ 1,200,000.00	\$ 1,109,030.00	\$ 440,015.09	\$ 759,984.91

<sup>\*</sup> Amount left to be paid on funding contracts for courses which are not completed or for providers that have yet to certify following training.

# <u>Accredited Paramedic<sup>1</sup> Training Programs in the Commonwealth</u>

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – GMRS	68303	11-2007	National – Initial
Associates in Emergency Care – LFCC	06111	11-2007	National – Initial
Associates in Emergency Care – Stafford	17908	11-2007	National – Initial
Center for Emergency Health Services – Fredericksburg	63013	11-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014	11-2009	State – Full
Center for Emergency Health Services – Richmond	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007	National – Initial
J. Sargeant Reynolds Community College – Colonial	57004	11-2007	National – Initial
Heights			
J. Sargeant Reynolds Community College – Goochland	07504	11-2007	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11-2007	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	11-2007	National – Initial
Jefferson College of Health Sciences	77007	05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2008	National – Initial
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Piedmont Virginia Community College/UVa	54006	11-2008	National – Initial
Southwest Virginia Community College	18507	01-2008	National – Continuing
Tidewater Community College	81016	05-2011	National – Continuing
Tidewater Community College – NNFDTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2008	National – Continuing

<sup>1.</sup> Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

# <u>Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth</u>

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
Lord Fairfax Community College	06903	06-2007	State – Conditional
New River Valley Training Center	75004	12-2007	State – Conditional
Norfolk Fire-Rescue	71008	07-2007	State – Conditional
Patrick Henry Community College	08908	07-2007	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College	15904	07-2007	State – Conditional
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2009	State – Full
Southside Rescue Squad	11708	07-2007	State – Conditional
UVa Prehospital Program	54008	07-2009	State – Full

<sup>1.</sup> Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

### **EMT-Intermediate Candidate Sites**

Site Name	Site Number	Council	Accreditation Status	
John Tyler Community College	04115	ODEMSA	Self Study submitted and site visit being	
			scheduled for January 2007.	
ODEMSA	04114	ODEMSA	Self Study submitted and site visit being	
			scheduled for January 2007.	
Medical Careers Institute	NA	PEMS	Initial meeting with site conducted. They are	
			planning to submit a self study.	
Franklin County Public Safety Training	06705	WVEMS	Self Study submitted January 6, 2007. In	
Center			process.	

# 1-10-07 PDC MINUTES ATTACHMENT D EMT-B PILOT PROGRAM REPORTS

Completion Time: Jan 5, 2007 10:24AM

Exclude This Response

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The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey. . . Thank You Office of EMS, Division of Educational Development Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

Roanoke Valley Regional Fire Training Center

2. This is my \_\_\_\_\_ program using the intial pilot program standards?

First

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

### **Beginning Enrollment**

18

How many passed the program?

18

How many failed the program?

18

How many remain incomplete?

0

How many withdrew during the program?

0

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

13

How many passed on subsequent attempts?

5

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

Improved

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours?

48

How many lab hours?

48

How many clinical hours?
Total Number of Hours? 132
7. Do you feel the introduction of competencies increased the overall length of your class?
No
Image
8. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
demonstrate PPE (2) 10
disinfect/clean equipment/ambulance. (2)
comply with an infectious exposure (2) 1
abilty to assess for breathing difficulty.(5) 7
ability to acquire a pulse (10) 10
ability to assess the skin in an adult.(10)
ability to assess capillary refill in infants and children (2)
ability to assess the pupils (10) 10
ability to obtain a blood pressure.(10)
ability to obtain a sample history.(10) 10
Wheeled ambulance stretcher (2) 10
Stair chair (2) 10
Long spine board (2) 10
Transfer from an ambulance stretcher to a hospital stretcher (1)
9. Are their any competencies in this module that should be added?
No

Transfer from a strechet  Image  11. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.  ability to perform a chin-lift during an airway scenario. (5)  ability to perform a jaw thrust during an airway scenario. (5)  ability to perform suctioning during an airway scenario. (5)  ability to provide mouth to mouth ventilation using BSI.(5)  a pocket mask to artificially ventilate a patient. (5)  ability during an airway scenario using a BVM.(5)  artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)  ability to ventilate using a BWM for 1 minute (5)  N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2)  insert an oropharyngeal (oral) airway.(5)  insert a nasopharyngeal (oral) airway. (5)  insert a nasopharyngeal (oral) airway. (5)  use of a nonrebreather face mask (5)  2  artificially ventilate the infant and child patient. (5)  2  oxygen administration for the infant and child patient. (5)	10. Are their any competencies in this module that should be removed?
Image  11. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.  ability to perform a chin-lift during an airway scenario. (5)  ability to perform a jaw thrust during an airway scenario. (5)  ability to perform suctioning during an airway scenario. (5)  ability to provide mouth to mouth ventilation using BSL(5)  a pocket mask to artificially ventilate a patient. (5)  a pocket mask to artificially ventilate a patient. (5)  ability during an airway scenario using a BVM.(5)  artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)  ability to ventilate using a BVM for 1 minute (5)  N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2)  artificially ventilate a patient with a stoma. (3)  insert an oropharyngeal (oral) airway. (5)  insert an anasopharyngeal (nasal) airway. (5)  insert an anasopharyngeal (nasal) airway. (5)  use of a nonrebreather face mask (5)  use of a nonrebreather face mask (5)  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	
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a pocket mask to artificially ventilate a patient. (5)  ability during an airway scenario using a BVM.(5)  artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)  ability to ventilate using a BVM for 1 minute (5)  N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2)  artificially ventilate a patient with a stoma. (3)  insert an oropharyngeal (oral) airway.(5)  insert a nasopharyngeal (nasal) airway. (5)  insert a nasopharyngeal (nasal) airway. (5)  use of a nonrebreather face mask (5)  use of a nasal cannula (5)  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	
ability during an airway scenario using a BVM.(5) 7  artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5) 5  ability to ventilate using a BVM for 1 minute (5) N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2) 1  artificially ventilate a patient with a stoma. (3) 2  insert an oropharyngeal (oral) airway.(5) 5  insert a nasopharyngeal (nasal) airway. (5) 3  operation of oxygen tanks and regulators. (5) 2  use of a nonrebreather face mask (5) 5  use of a nasal cannula (5) 2  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	ability to provide mouth to mouth ventilation using BSI.(5)
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)  ability to ventilate using a BVM for 1 minute (5)  N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2)  1  artificially ventilate a patient with a stoma. (3)  2  insert an oropharyngeal (oral) airway.(5)  5  insert a nasopharyngeal (nasal) airway. (5)  3  operation of oxygen tanks and regulators. (5)  2  use of a nonrebreather face mask (5)  5  use of a nasal cannula (5)  2  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	
ability to ventilate using a BVM for 1 minute (5)  N/A  ventilating with a flow restricted, oxygen powered ventilation device.(2)  1  artificially ventilate a patient with a stoma. (3)  2  insert an oropharyngeal (oral) airway.(5)  5  insert a nasopharyngeal (nasal) airway. (5)  3  operation of oxygen tanks and regulators. (5)  2  use of a nonrebreather face mask (5)  5  use of a nasal cannula (5)  2  artificially ventilate the infant and child patient. (5)  2  oxygen administration for the infant and child patient. (5)	
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artificially ventilate a patient with a stoma. (3)  insert an oropharyngeal (oral) airway.(5)  insert a nasopharyngeal (nasal) airway. (5)  operation of oxygen tanks and regulators. (5)  use of a nonrebreather face mask (5)  use of a nasal cannula (5)  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	
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insert a nasopharyngeal (nasal) airway. (5)  operation of oxygen tanks and regulators. (5)  use of a nonrebreather face mask (5)  use of a nasal cannula (5)  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	
operation of oxygen tanks and regulators. (5)  use of a nonrebreather face mask (5)  use of a nasal cannula (5)  artificially ventilate the infant and child patient. (5)  oxygen administration for the infant and child patient. (5)	insert an oropharyngeal (oral) airway.(5)
use of a nonrebreather face mask (5)  use of a nasal cannula (5)  2  artificially ventilate the infant and child patient. (5)  2  oxygen administration for the infant and child patient. (5)	_
use of a nasal cannula (5)  2  artificially ventilate the infant and child patient. (5)  2  oxygen administration for the infant and child patient. (5)	, , , , , , , , , , , , , , , , , , , ,
artificially ventilate the infant and child patient. (5)  2  oxygen administration for the infant and child patient. (5)	
oxygen administration for the infant and child patient. (5)	
2	

12. Are their any competencies in this module that should be added?
No
13. Are their any competencies in this module that should be removed?
No
Image
14. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5)
techniques for assessing mental status. (3)
techniques for assessing the airway. (3)
techniques for assessing if the patient is breathing. (3)
techniques for assessing if the patient has a pulse.(3)
techniques for assessing the patient for external bleeding. (5)
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3)
ability to prioritize patients.(3) 5
rapid trauma assessment (5) 5
patient assessment skills to assist a patient who is responsive with no known history.(3)
patient assessment skills used to assist a patient who is unresponsive or has an altered metal status.(3) 5
performing the detailed physical exam. (3)
performing the on-going assessment. (3)
Perform a radio transmission. (3) 5
Perform a report given to the staff at a receiving facility.(3)

Perform a report given to an ALS provider (3)				
Complete a prehospital care report. (3) 4				
15. Are their any competencies in this module that should be added?				
No				
16. Are their any competencies in this module that should be removed?				
NO				
Image				
17. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.				
assisting with self administration of medications. (5)				
Read the labels and inspect each type of medication. (5)				
emergency medical care for breathing difficulty. (5)				
Perform the steps in facilitating the use of an inhaler.(5)				
care of a patient experiencing chest pain/discomfort. (5)				
application and operation of the AED. (5)				
maintenance of an AED. (5)				
assessment and documentation of patient response to the AED. (5)				
complete the Automated Defibrillator: Operator's Shift Checklist. (5)				
Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5)				
assessment and documentation of patient response to nitroglycerin. (5)				
prehospital care report for cardiac emergencies.(5)				
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes.  (3) 1				
the administration of oral glucose. (3)				

2
assessment and documentation of patient response to oral glucose. (3)
prehospital care report for patients with diabetic emergencies.(3)
care of the patient experiencing an allergic reaction.(3)
use of epinephrine auto-injector. (3) 5
assessment and documentation of patient response to an epinephrine injection.(3)
proper disposal of equipment.(3)
a prehospital care report for patients with allergic emergencies.(3)
care for the patient with possible overdose.(3)
care of a patient with exposure to cold.(3)
care of a patient with exposure to heat.(3)
care of a near drowning patient. (3)
a prehospital care report for patients with environmental emergencies.(3)
care of the patient experiencing a behavioral emergency.(3)
techniques to safely restrain a patient with a behavioral problem.(2)
assist in the normal cephalic delivery. (0)
care procedures of the fetus as the head appears.(0)
infant neonatal procedures.(0) 1
post delivery care of infant. (0)
how and when to cut the umbilical cord. (0)
the steps in the delivery of the placenta. (0)

post-delivery care of the mother. (0)
procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0)
care of the mother with excessive bleeding.(0)
prehospital care report for patients with obstetrical/gynecological emergencies. (0)
18. Are their any competencies in this module that should be added?
No
19. Are their any competencies in this module that should be removed?
All of the Documentation of a specific pathology should eb deleated
Image
20. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2]
use of diffuse pressure as a method of care of external bleeding.
pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2
care of signs and symptoms of internal bleeding.(1)
care of signs and symptoms of shock (hypoperfusion).
prehospital care report for patient with bleeding and/or shock
steps in the care of closed soft tissue injuries.(1) 1
steps in the care of open soft tissue injuries.(1)
steps in the care of a patient with an open chest wound.(2)
steps in the care of a patient with open abdominal wounds(2)

steps in the care of a patient with an impaled object.(1)
steps in the care of a patient with an amputation.(1)
steps in the care of an amputated part.  1
steps in the care of a patient with superficial burns.(1)
steps in the care of a patient with partial thickness burns.(1)
steps in the care of a patient with full thickness burns.(1)
steps in the care of a patient with a chemical burn.(1)
completing a prehospital care report for patients with soft tissue injuries.(1)
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[ A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot]
prehospital care report for patients with musculoskeletal injuries.
21. Are their any competencies in this module that should be added?
No
22. Are their any competencies in this module that should be removed?
Allof the injury specific documentation, diffuse pressure, The different parts of direct pressure
Image
23. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4)
evaluating a responsive patient with a suspected spinal cord injury.(4)  1
stabilization of the cervical spine. (4)
four person log roll for a suspected spinal cord injury.(2)
log roll a suspected spinal cord injury using two people.(2)
securing a patient to a long spine board.

1
short board immobilization technique. (3)
procedure for rapid extrication. (1)
methods for stabilization of a helmet. (2)
helmet removal techniques. (2) 1
alternative methods for stabilization of a helmet.  1
prehospital care report for patients with head and spinal injuries.(2)
techniques of foreign body airway obstruction removal in the infant.(3)
techniques of foreign body airway obstruction removal in the child.(3)
assessment of the infant and child. (2)
bag-valve-mask artificial ventilations for the infant. (3)
bag-valve-mask artificial ventilations for the child. (3)
oxygen delivery for the infant and child. (3)
perform triage. (2)
24. Are their any competencies in this module that should be added?
No
25. Are their any competencies in this module that should be removed?
Some that are repeated in module 2, 4 person log roll
Image
26. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
participate as an attendent on no less than 3 911 ambulance responses following completion of all lab competencies. (3)
27. Are their any competencies in this module that should be added?

no
28. Are their any competencies in this module that should be removed?
no
29. What percentage of Instructors were not VA Certified EMT Instructors?
43%
30. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
Clinical
31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
43%
32. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction Gave Curriculm
Lab instruction None
Clinical instruction None
33. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)
Instructional Experience
Subject knowledge
34. What was the level of certification or credentials of your non-certified EMT instructors?
EMT-B, EMT-I, EMT-P
EMT-B, EMT-I, EMT-P  35. What did you like most about this pilot program?
35. What did you like most about this pilot program?
35. What did you like most about this pilot program?  Flexibiklity
35. What did you like most about this pilot program?  Flexibiklity  36. What recommendations do you have for changes for the next round of pilot programs?
35. What did you like most about this pilot program?  Flexibiklity  36. What recommendations do you have for changes for the next round of pilot programs?  Revamp the competetncy booklet
35. What did you like most about this pilot program?  Flexibiklity  36. What recommendations do you have for changes for the next round of pilot programs?  Revamp the competetncy booklet  37. What did not work well?  Elimitnate some of the documentation, especially the specific documentation. Some of the obscure skills that

39. Other comments you wish to share?
None
40. Choose one category below which best describes where your institution is located.
Urban area with a population of 150,000-500,000
41. For your entire student body, please indicate the racial or ethnic group breakdownplease provide actual numbers, NOT percentages.
White 15
Black 2
Hispanic 0
Asian American 0
American Indians 0
Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.

Completion Time: Jan 6, 2007 10:51AM

Exclude This Response

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The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey. . . Thank You Office of EMS, Division of Educational Development Professional Development Committee

- 1. Please select the name of the institution for which you are submitting a report.
  - J. Sargeant Reynolds CC Hanover Fire
  - 2. This is my \_\_\_\_\_ program using the intial pilot program standards?

First

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

# **Beginning Enrollment**

23

How many passed the program?

16

How many failed the program?

4

How many remain incomplete?

1

How many withdrew during the program?

٠,

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

Unknown-Tested on 1/4/06

How many passed on subsequent attempts?

Unknown-Tested on 1/4/06

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

Unknown-Tested on 1/4/06

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours?

88

How many lab hours?

48

How many clinical hours? 10 hours per student
Total Number of Hours? 136
7. Do you feel the introduction of competencies increased the overall length of your class?
Yes
Image
8. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
demonstrate PPE (2) N/A
disinfect/clean equipment/ambulance. (2) N/A
comply with an infectious exposure (2) N/A
abilty to assess for breathing difficulty.(5) N/A
ability to acquire a pulse (10) N/A
ability to assess the skin in an adult.(10) N/A
ability to assess capillary refill in infants and children (2) N/A
ability to assess the pupils (10) N/A
ability to obtain a blood pressure.(10) N/A
ability to obtain a sample history.(10) N/A
Wheeled ambulance stretcher (2) N/A
Stair chair (2) N/A
Long spine board (2) N/A
Transfer from an ambulance stretcher to a hospital stretcher (1)  N/A
9. Are their any competencies in this module that should be added?
NO

10. Are their any competencies in this module that should be removed?
No
Image
11. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
ability to perform a chin-lift during an airway scenario. (5) $$\rm N/A$$
ability to perform a jaw thrust during an airway scenario.(5) N/A
ability to perform suctioning during an airway scenario.(5) N/A
ability to provide mouth to mouth ventilation using BSI.(5) N/A
a pocket mask to artificially ventilate a patient. (5) N/A
ability during an airway scenario using a BVM.(5) N/A
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5) $\ensuremath{\text{N/A}}$
ability to ventilate using a BVM for 1 minute (5) N/A
ventilating with a flow restricted, oxygen powered ventilation device.(2) $\ensuremath{\text{N/A}}$
artificially ventilate a patient with a stoma. (3) N/A
insert an oropharyngeal (oral) airway.(5) N/A
insert a nasopharyngeal (nasal) airway. (5) N/A
operation of oxygen tanks and regulators. (5) $\ensuremath{N/A}$
use of a nonrebreather face mask (5) N/A
use of a nasal cannula (5) N/A
artificially ventilate the infant and child patient. (5) N/A
oxygen administration for the infant and child patient. (5) $\ensuremath{\text{N/A}}$

12. Are their any competencies in this module that should be added?
No
13. Are their any competencies in this module that should be removed?
No
Image
14. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5) N/A
techniques for assessing mental status. (3) N/A
techniques for assessing the airway. (3) N/A
techniques for assessing if the patient is breathing. (3)  N/A
techniques for assessing if the patient has a pulse.(3) $$\rm N/A$$
techniques for assessing the patient for external bleeding. (5) N/A
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3) $$\rm N/\!A$$
ability to prioritize patients.(3) N/A
rapid trauma assessment (5) N/A
patient assessment skills to assist a patient who is responsive with no known history.(3) $$\rm N/A$$
patient assessment skills used to assist a patient who is unresponsive or has an altered metal status.(3)  N/A
performing the detailed physical exam. (3) N/A
performing the on-going assessment. (3) N/A
Perform a radio transmission. (3) N/A
Perform a report given to the staff at a receiving facility.(3)  N/A

Perform a report given to an ALS provider (3) N/A
Complete a prehospital care report. (3) N/A
15. Are their any competencies in this module that should be added?
No
16. Are their any competencies in this module that should be removed?
No
Image
17. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
assisting with self administration of medications. (5) $$\rm N/A$$
Read the labels and inspect each type of medication. (5) N/A
emergency medical care for breathing difficulty. (5) N/A
Perform the steps in facilitating the use of an inhaler.(5) N/A
care of a patient experiencing chest pain/discomfort. (5)  N/A
application and operation of the AED. (5) $$\rm N/A$$
maintenance of an AED. (5) N/A
assessment and documentation of patient response to the AED. (5) $$\rm N/A$$
complete the Automated Defibrillator: Operator's Shift Checklist. (5) N/A
Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5) N/A
assessment and documentation of patient response to nitroglycerin. (5) N/A
prehospital care report for cardiac emergencies.(5)  N/A
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3) $_{\mbox{N/A}}$
the administration of oral glucose. (3)

	N/A
as	ssessment and documentation of patient response to oral glucose. (3) N/A
	prehospital care report for patients with diabetic emergencies.(3) N/A
	care of the patient experiencing an allergic reaction.(3) N/A
	use of epinephrine auto-injector. (3) N/A
assess	ment and documentation of patient response to an epinephrine injection.(3) $${\rm N/A}$$
	proper disposal of equipment.(3) N/A
	a prehospital care report for patients with allergic emergencies.(3) $${\rm N/A}$$
	care for the patient with possible overdose.(3) N/A
	care of a patient with exposure to cold.(3) N/A
	care of a patient with exposure to heat.(3) N/A
	care of a near drowning patient. (3) N/A
ар	orehospital care report for patients with environmental emergencies.(3)
	care of the patient experiencing a behavioral emergency.(3) $$\rm N/\!A$$
	techniques to safely restrain a patient with a behavioral problem.(2) N/A
	assist in the normal cephalic delivery. (0) N/A
	care procedures of the fetus as the head appears.(0) N/A
	infant neonatal procedures.(0) N/A
	post delivery care of infant. (0) N/A
	how and when to cut the umbilical cord. (0) N/A
	the steps in the delivery of the placenta. (0)

post-delivery care of the mother. (0) N/A
procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0)  N/A
care of the mother with excessive bleeding.(0) N/A
prehospital care report for patients with obstetrical/gynecological emergencies. (0) $$\rm N/A$$
18. Are their any competencies in this module that should be added?
No
19. Are their any competencies in this module that should be removed?
No
Image
20. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2]  N/A
use of diffuse pressure as a method of care of external bleeding. $\ensuremath{\text{N/A}}$
pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2  N/A
care of signs and symptoms of internal bleeding.(1) $$\rm N/\!A$$
care of signs and symptoms of shock (hypoperfusion). $\ensuremath{\text{N/A}}$
prehospital care report for patient with bleeding and/or shock $\ensuremath{\text{N/A}}$
steps in the care of closed soft tissue injuries.(1)  N/A
steps in the care of open soft tissue injuries.(1)  N/A
steps in the care of a patient with an open chest wound.(2)  N/A
steps in the care of a patient with open abdominal wounds(2) $$\rm N/\!A$$

steps in the care of a patient with an impaled object.(1) $$\rm N/A$$
steps in the care of a patient with an amputation.(1) $$\rm N/A$$
steps in the care of an amputated part. N/A
steps in the care of a patient with superficial burns.(1) $$\rm N/A$$
steps in the care of a patient with partial thickness burns.(1) $$\rm N/A$$
steps in the care of a patient with full thickness burns.(1) $$\rm N/A$$
steps in the care of a patient with a chemical burn.(1) $$\rm N/A$$
completing a prehospital care report for patients with soft tissue injuries.(1) $$\rm N/A$$
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[ A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot]  N/A
prehospital care report for patients with musculoskeletal injuries. $\ensuremath{\text{N/A}}$
21. Are their any competencies in this module that should be added?
No
22. Are their any competencies in this module that should be removed?
No
Image
23. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4) $$\rm N/A$$
evaluating a responsive patient with a suspected spinal cord injury.(4) N/A
stabilization of the cervical spine. (4) N/A
four person log roll for a suspected spinal cord injury.(2) N/A
log roll a suspected spinal cord injury using two people.(2) N/A
securing a patient to a long spine board.

N/A
short board immobilization technique. (3) N/A
procedure for rapid extrication. (1) N/A
methods for stabilization of a helmet. (2) N/A
helmet removal techniques. (2) N/A
alternative methods for stabilization of a helmet.  N/A
prehospital care report for patients with head and spinal injuries.(2) N/A
techniques of foreign body airway obstruction removal in the infant.(3) N/A
techniques of foreign body airway obstruction removal in the child.(3) N/A
assessment of the infant and child. (2) N/A
bag-valve-mask artificial ventilations for the infant. (3) N/A
bag-valve-mask artificial ventilations for the child. (3) N/A
oxygen delivery for the infant and child. (3) N/A
perform triage. (2) N/A
24. Are their any competencies in this module that should be added?
No
25. Are their any competencies in this module that should be removed?
No
Image
26. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
participate as an attendent on no less than 3 911 ambulance responses following completion of all lab competencies. (3)  N/A
27. Are their any competencies in this module that should be added?

No
28. Are their any competencies in this module that should be removed?
No
29. What percentage of Instructors were not VA Certified EMT Instructors?
30%
30. Where were your non-certified EMT Instructors utilized? (click all that apply)
Didactic
Lab
31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
5%
32. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction Limited
Lab instruction Limited
Clinical instruction N/A
33. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)
The selection process utilized in our ALS programs
Instructional Experience
Subject knowledge
34. What was the level of certification or credentials of your non-certified EMT instructors?
Paramedics
35. What did you like most about this pilot program?
We like the competency based checklists. Ensure adequate Skill Labs
36. What recommendations do you have for changes for the next round of pilot programs?
None
37. What did not work well?
Keeping track of competency sheets. However, after getting Prince Williams organized sheets, this helped.
38. What recommendations do you have for potential implementation statewide?
<ol> <li>Utilize Prince Williams developed color coded competency sheet organization.</li> <li>Create scenario based skills that have the actual compentencies involved in each scenario complete and broken down, so when the scenario is complete, you know that the students have complete x number of</li> </ol>

competencies throughout the scenario					
39. Other comments you wish to share?					
None					
40. Choose one category below which best describes where your institution is located.					
Suburban location					
41. For your entire student body, please indicate the racial or ethnic group breakdownplease provide actual numbers, NOT percentages.					
White 20					
Black 1					
Hispanic 0					
Asian American 2					
American Indians 0					
Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.					

Completion Time: Jan 9, 2007 4:28PM

Exclude This Response

## **Image**

The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey. . . Thank You Office of EMS, Division of Educational Development Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

**Tidewater Community College** 

2. This is my \_\_\_\_\_ program using the intial pilot program standards?

First

3. Has this program ended?

Yes

4. Please complete the following information about the program on which you are reporting:

# **Beginning Enrollment**

76

How many passed the program?

49

How many failed the program? 23-includes drops w/o withdrawal

How many remain incomplete?

0

How many withdrew during the program?

6

5. Please complete the following information about the certification testing for the program on which you are reporting:

How many passed the state certification examination on the first attempt?

Only certain of 2

How many passed on subsequent attempts?

unknown

How did your pass rate for the state certification exam for the pilot program compare to previous programs that you coordinated?

same

6. Please complete the following information about the number of hours it took to complete these various aspects of the program on which you are reporting:

How many didactic hours? 94 approx

How many lab hours? 36 approx

How many clinical hours? 10-12				
Total Number of Hours? 130				
7. Do you feel the introduction of competencies increased the overall length of your class?				
Yes				
Image				
8. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.				
demonstrate PPE (2) N/A				
disinfect/clean equipment/ambulance. (2) N/A				
comply with an infectious exposure (2) N/A				
abilty to assess for breathing difficulty.(5) N/A				
ability to acquire a pulse (10) N/A				
ability to assess the skin in an adult.(10) N/A				
ability to assess capillary refill in infants and children (2) N/A				
ability to assess the pupils (10) N/A				
ability to obtain a blood pressure.(10) N/A				
ability to obtain a sample history.(10) N/A				
Wheeled ambulance stretcher (2) N/A				
Stair chair (2) N/A				
Long spine board (2) N/A				
Transfer from an ambulance stretcher to a hospital stretcher (1)  N/A				
9. Are their any competencies in this module that should be added?				
-				

10. Are their any competencies in this module that should be removed?
-
Image
11. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
ability to perform a chin-lift during an airway scenario. (5) N/A
ability to perform a jaw thrust during an airway scenario.(5) N/A
ability to perform suctioning during an airway scenario.(5) N/A
ability to provide mouth to mouth ventilation using BSI.(5) N/A
a pocket mask to artificially ventilate a patient. (5) N/A
ability during an airway scenario using a BVM.(5) N/A
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5) $$\rm N/\!A$$
ability to ventilate using a BVM for 1 minute (5) N/A
ventilating with a flow restricted, oxygen powered ventilation device.(2) N/A
artificially ventilate a patient with a stoma. (3) N/A
insert an oropharyngeal (oral) airway.(5) N/A
insert a nasopharyngeal (nasal) airway. (5) N/A
operation of oxygen tanks and regulators. (5) N/A
use of a nonrebreather face mask (5) N/A
use of a nasal cannula (5) N/A
artificially ventilate the infant and child patient. (5) N/A
oxygen administration for the infant and child patient. (5) N/A

12. Are their any competencies in this module that should be added?
<u>-</u>
13. Are their any competencies in this module that should be removed?
Image
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14. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the currer number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesi represents the number of competencies set for the pilot.
While reviewing presentation of scenes, identify potential hazards (5) $\mbox{\ensuremath{N/A}}$
techniques for assessing mental status. (3) N/A
techniques for assessing the airway. (3) $$\rm N/A$$
techniques for assessing if the patient is breathing. (3) $${\mbox{N/A}}$$
techniques for assessing if the patient has a pulse.(3) $$\rm N/\rm A$$
techniques for assessing the patient for external bleeding. (5) $\ensuremath{\text{N/A}}$
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3)  N/A
ability to prioritize patients.(3) N/A
rapid trauma assessment (5) N/A
patient assessment skills to assist a patient who is responsive with no known history.(3) $\ensuremath{\text{N/A}}$
patient assessment skills used to assist a patient who is unresponsive or has an altered metal status.(3) $$\rm N/A$$
performing the detailed physical exam. (3) $$\rm N/A$$
performing the on-going assessment. (3) N/A
Perform a radio transmission. (3) N/A
Perform a report given to the staff at a receiving facility.(3) $\mbox{\ensuremath{N/A}}$

Perform a report given to an ALS provider (3) N/A				
Complete a prehospital care report. (3) N/A				
15. Are their any competencies in this module that should be added?				
-				
16. Are their any competencies in this module that should be removed?				
-				
Image				
17. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.				
assisting with self administration of medications. (5) $$\rm N/A$$				
Read the labels and inspect each type of medication. (5) $$\rm N/A$$				
emergency medical care for breathing difficulty. (5) N/A				
Perform the steps in facilitating the use of an inhaler.(5) N/A				
care of a patient experiencing chest pain/discomfort. (5) N/A				
application and operation of the AED. (5) N/A				
maintenance of an AED. (5) N/A				
assessment and documentation of patient response to the AED. (5) $$\rm N/A$$				
complete the Automated Defibrillator: Operator's Shift Checklist. (5) N/A				
Perform the steps in the use of nitroglycerin for chest pain or discomfort.(5) N/A				
assessment and documentation of patient response to nitroglycerin. (5) N/A				
prehospital care report for cardiac emergencies.(5) N/A				
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3) N/A				
the administration of oral glucose. (3)				

	N/A
ass	sessment and documentation of patient response to oral glucose. (3) $$\rm N/A$$
	prehospital care report for patients with diabetic emergencies.(3) N/A
	care of the patient experiencing an allergic reaction.(3) N/A
	use of epinephrine auto-injector. (3) N/A
assessm	nent and documentation of patient response to an epinephrine injection.(3) $\ensuremath{N/A}$
	proper disposal of equipment.(3) N/A
á	a prehospital care report for patients with allergic emergencies.(3)  N/A
	care for the patient with possible overdose.(3) N/A
	care of a patient with exposure to cold.(3) N/A
	care of a patient with exposure to heat.(3) N/A
	care of a near drowning patient. (3) N/A
a pro	ehospital care report for patients with environmental emergencies.(3)
	care of the patient experiencing a behavioral emergency.(3) N/A
te	echniques to safely restrain a patient with a behavioral problem.(2)
	assist in the normal cephalic delivery. (0) $$\rm N/A$$
	care procedures of the fetus as the head appears.(0) N/A
	infant neonatal procedures.(0) N/A
	post delivery care of infant. (0) N/A
	how and when to cut the umbilical cord. (0) N/A
	the steps in the delivery of the placenta. (0)

# post-delivery care of the mother. (0) N/A procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0) care of the mother with excessive bleeding.(0) prehospital care report for patients with obstetrical/gynecological emergencies. (0) 18. Are their any competencies in this module that should be added? 19. Are their any competencies in this module that should be removed? Image 20. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot. direct pressure as a method of emergency medical care of external bleeding, applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2] N/A use of diffuse pressure as a method of care of external bleeding. pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2 N/A care of signs and symptoms of internal bleeding.(1) care of signs and symptoms of shock (hypoperfusion). prehospital care report for patient with bleeding and/or shock steps in the care of closed soft tissue injuries.(1) steps in the care of open soft tissue injuries.(1) steps in the care of a patient with an open chest wound.(2) steps in the care of a patient with open abdominal wounds(2)

steps in the care of a patient with an impaled object.(1) N/A
steps in the care of a patient with an amputation.(1) $$\rm N/A$$
steps in the care of an amputated part. N/A
steps in the care of a patient with superficial burns.(1) $$\rm N/A$$
steps in the care of a patient with partial thickness burns.(1) $$\rm N/A$$
steps in the care of a patient with full thickness burns.(1) $$\rm N/A$$
steps in the care of a patient with a chemical burn.(1) N/A
completing a prehospital care report for patients with soft tissue injuries.(1) $$\rm N/A$$
care of a patient with a painful, swollen, deformed extremity. Demonstrate 2 times each of the following:(12)[ A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot]  N/A
prehospital care report for patients with musculoskeletal injuries. $\ensuremath{N/A}$
21. Are their any competencies in this module that should be added?
22. Are their any competencies in this module that should be removed?
- -
Image
23. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.
opening the airway in a patient with suspected spinal cord injury.(4) N/A
evaluating a responsive patient with a suspected spinal cord injury.(4)  N/A
stabilization of the cervical spine. (4) N/A
four person log roll for a suspected spinal cord injury.(2) N/A
log roll a suspected spinal cord injury using two people.(2) N/A
securing a patient to a long spine board.

N/A						
short board immobilization technique. (3) N/A						
procedure for rapid extrication. (1) N/A						
methods for stabilization of a helmet. (2) N/A						
helmet removal techniques. (2) N/A						
alternative methods for stabilization of a helmet.  N/A						
prehospital care report for patients with head and spinal injuries.(2) N/A						
techniques of foreign body airway obstruction removal in the infant.(3)						
techniques of foreign body airway obstruction removal in the child.(3) N/A						
assessment of the infant and child. (2) N/A						
bag-valve-mask artificial ventilations for the infant. (3) N/A						
bag-valve-mask artificial ventilations for the child. (3) N/A						
oxygen delivery for the infant and child. (3) N/A						
perform triage. (2) N/A						
24. Are their any competencies in this module that should be added?						
-						
25. Are their any competencies in this module that should be removed?						
-						
Image						
26. The following question requests your responses to the number of compentencies listed for each skill. Select the appropriate number of times a compentency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.						
participate as an attendent on no less than 3 911 ambulance responses following completion of all lab competencies. (3)  N/A						
27. Are their any competencies in this module that should be added?						

-
28. Are their any competencies in this module that should be removed?
-
29. What percentage of Instructors were not VA Certified EMT Instructors?
None that were primary-
30. Where were your non-certified EMT Instructors utilized? (click all that apply)
Lab
Clinical
31. Overall, what percentage of the program was instructed by non-certified EMT Instructors?
0%
32. What additional activity was needed to prepare non-certified EMT instructors for:
Didactic instruction n/a
Lab instruction n/a
Clinical instruction n/a
33. Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)
Instructional Experience
Subject knowledge
34. What was the level of certification or credentials of your non-certified EMT instructors?
EMT-B through EMT-P
35. What did you like most about this pilot program?
The strive for creating the best possible program through innovative approaches.
36. What recommendations do you have for changes for the next round of pilot programs?
I would like more communication between pilot programs in between PDC meetings-for support and ideas. I aim to do that with round two!
37. What did not work well?
Difficult to ensure all competencies recorded in a timely manner.
38. What recommendations do you have for potential implementation statewide?
Not sure after one semester. I will have a better answer in May!
39. Other comments you wish to share?

Thank you for the opportunity to participate.
40. Choose one category below which best describes where your institution is located.
Suburban location
41. For your entire student body, please indicate the racial or ethnic group breakdownplease provide actual numbers, NOT percentages.
<b>White</b> 13688
<b>Black</b> 7194
Hispanic 1031
Asian American 1250
American Indians 149
Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.

# 1-10-07 PDC MINUTES ATTACHMENT E EMS COUNCIL STUDY

Regional EMS Council Study Statement of Work January 2007

The Office of EMS (OEMS) developed an RFP for consultative services to conduct an independent, objective review and evaluation of the current structure and functions of the Regional Emergency Medical Services (EMS) Councils; and, to determine and identify a system that is an effective and efficient method of providing those EMS System services that are defined in the Code of Virginia. OEMS is mandated by the *Code of Virginia*, §32.1-111.3 to establish a comprehensive statewide emergency medical care system, incorporating facilities, transportation, manpower, communications and other components to improve the delivery of emergency medical care. § 32.1-111.11 further directs the designation of Regional EMS Councils which shall be authorized to receive and disburse public funds and that each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system.

Currently, there exist eleven (11) Regional EMS Councils. Each council is an independent, not for profit (federal 501 (c) (3)) organization that has a performance based contract with OEMS to perform the specific functions identified in the Code of Virginia. The Office of EMS has entered into an annual contract for services with the designated regional EMS councils since 1981. The current value of these contracts total \$2.65 million.

Through a competitive negotiation process, Association and Society Management International, Inc. (ASMI, Inc.) of Falls Church, VA was awarded a contract to conduct the study.

### CONTRACT SCOPE OF WORK:

A. OEMS has contracted with a qualified consultant to evaluate the effectiveness and efficiency of the current model of Regional EMS Councils in providing EMS System services that are defined and required by statute, defined by contracts between OEMS and the Regional EMS Councils, or other services provided at the discretion of the Regional EMS Councils. In order to complete the task at hand, the contractor will consider, but not be limited to: The 2004 JLARC Report on the EMS System, the current Virginia State EMS Plan, the Institute of Medicine (IOM) report "EMS at the Crossroads", and the American Society for Testing and Materials (ASTM) designation F 1086-94: Standard Guide for Structures and Responsibilities of EMS Systems Organizations in their analysis, evaluation, and recommendations.

B. ASMI proposes to conduct the study involving a combination of activities, including, but not limited to: document review and analysis, survey creation/implementation/result review, and interviews, both in person, and via

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telephone. Reports from previous similar studies and forums will be considered, but not replicated in favor of activities listed above.

# C. The study shall include:

- 1. Review of regional EMS council geographical area of operation, catchment areas, patient flows, etc. Propose the appropriate number and alignment of service areas that will improve coordination of emergency medical care and integration with public safety services (state law enforcement, emergency management, and fire programs) as well as maximize opportunities to receive federal grants for state emergency preparedness and response activities to include but not limited to Medical 9-1-1 and Emergency Medical Dispatch, prehospital EMS (ground and air), hospital based emergency and trauma care, and medical related disaster preparedness.
- 2. Review of relationships of Regional EMS Council staff to EMS agencies served, associated agencies like hospitals and medical centers, local authorities, local governing bodies, etc.
- 3. Review of Regional EMS Council staff relationship to Regional EMS Council Board of Directors.
- 4. Review of Regional EMS Council Boards of Directors and their roles, responsibilities, and function within the organization.
- 5. Review of general statewide consistencies in Regional EMS Council delivery of programs, review of proposed performance/program standards and designation guidelines, and funding.
- 6. Identification of the advantages/disadvantages of the current structure of Regional EMS Councils, versus an alternative structure of field offices in performing the tasks and functions designated in the Code of Virginia. In determining the advantages/ disadvantages, ASMI will conduct a survey of EMS System stakeholders to include, but not be limited to:
  - a. EMS Agencies
  - b. Hospitals
  - c. EMS Providers
  - d. Operational Medical Directors (OMD)
  - e. Local Government Officials
  - f. Other groups as identified by the contractor.
- 7. Cost benefit analysis of current versus other structures.
- 8. Personnel, total compensation, and qualifications of positions.

- 9. Review statutory/regulatory requirements for system development and support, regulatory oversight, and delivery of services to EMS providers, and the general public. Review of state/regional contracts with each region, and review of reports of such services delivered under the contracts will be conducted.
- 10. Economies of scale that may be realized in a more centralized environment as compared to decentralized and independent organizational environment, utilizing review of reports of such services delivered under the contracts, as described previously will be conducted.

The timeline for the study is January 1 to May 1, 2007. It is anticipated that ASMI will make a formal presentation to a group of interested stakeholders in May.

The ASMI proposed plan includes, but is not limited to, the following action items:

A system survey at the outset to assess opinions of stakeholders on the effectiveness of the delivery of programs and services, on a regional level.

Review of financial reports, as well as contractual deliverable reports.

Interviews of EMS Stakeholders, including but not limited to: Regional Council Staff, OEMS Staff, EMS Advisory Board Members and, EMS leaders at the locality/agency level.

A formal presentation of study findings.

The principal investigator for the study is Mr. Kevin McGinnis. Mr. McGinnis is the former director of the Office of EMS for the State of Maine, which has a regional EMS council structure. Kevin also has experience as a regional EMS council director in New York State, as a service chief of volunteer and paid (independent and hospital) ambulance services, and as a paramedic and firefighter. He has conducted EMS system surveys in several states on behalf of NHTSA, and is the author of *The Rural and Frontier EMS Agenda for the Future*".

Assisting Kevin is Leslee Stein-Spencer, who is the former State EMS Director in Illinois, another state with a regional council structure. Leslee has extensive experience in state EMS system evaluation, including her participation in the Nationwide Assessment Team for the Department of Homeland Security.

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Additionally, Dr. Richard Narad will provide guidance to the study group. Dr. Narad is the Coordinator of the EMS Administration, and Health Services Administration programs at California State University, Chico. He has over 20 years of experience as an EMS regional council Administrator, consultant, and researcher.

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